

EMPLOYEE APPLICATION FOR WAIVER/AUTHORIZATION TO TAKE CLASSES

 SPRING

 SUMMER I

 SUMMER II

 FALL

 WINTER SESSION

THIS FORM IS TO BE COMPLETED AND SUBMITTED TO THE OFFICE OF HUMAN RESOURCES, ROOM 1-106, ADMINISTRATION BUILDING PRIOR TO REGISTERING FOR ANY UNIVERSITY COURSE. **YOU MAY ONLY TAKE ONE CLASS DURING YOUR REGULAR WORK SCHEDULE. Not to exceed three clock hours per week.** Courses must be **taken for credit.** Fees cannot be waived for audit classes.

Faculty and staff members who are **currently employed full-time** on the first day of the semester in which enrollment is requested, are eligible for a fee waiver.

Are you eligible for a fee waiver? Yes No

EMPLOYEE

Employee's Name **(PLEASE PRINT OR TYPE)**

Employee's ID No.

E-mail

Employee's Title/Classification

Dept Name

Work Phone #

I certify that all statements made on this application are true and complete to the best of my knowledge.

Employee's Signature

COURSE REGISTRATION

Please give full name of course and credit hours, days and time course is scheduled. If you make a change, please submit a revised Fee Waiver Application.

Course Name

Credit Hours

Days

Time

Course Name

Credit Hours

Days

Time

REVISED WORK SCHEDULE (Does not apply to Faculty)

You must complete a revised work schedule showing how you will make up missed work time.

BUDGET UNIT/DEPARTMENT HEAD

I recommend the above-mentioned employee be permitted to schedule the above course(s) as requested. I certify that the employee is not taking more than one class during his/her work schedule and has met the requirements.

Date

Signature of Budget Unit/Department Head

For Office of Human Resources Use Only

This employee has met the service requirements for the fee exemption requested.

Faculty

Staff

Date

Office of Human Resources

Student Accounts

Code

Amount

Date Posted

Initials